Commonwealth of Massachusetts
Executive Office of Health and Human Services

MassHealth

Companion Guide
Inbound 834 Benefit Enrollment and Maintenance
For ASC X12N 834

Table of Contents

1.0 Introduction

1.1 What Is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 – Administrative Simplification (HIPAA-AS) – requires that MassHealth, and all other health-insurance payers in the United States, comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). HHS has adopted an Implementation Guide for each standard transaction. The ASC X12N 834 (004010X095A1) transaction is the established standard for benefit enrollment and maintenance.

1.2 Purpose of the Implementation Guide

The Implementation Guide for the 834 benefit enrollment and maintenance transaction specifies in detail the required formats. It contains requirements for the use of specific segments and specific data elements within the segments, and was written for all health-care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to send HIPAA-compliant files to MassHealth.

1.3 How to Obtain Copies of the Implementation Guides

The Implementation Guides for X12N 834 Version 4010A1 and all other HIPAA standard transactions are available electronically at www.wpc-edi.com/HIPAA.

1.4 Purpose of This Companion Guide

The 834 Companion Guide was created for MassHealth trading partners to supplement the 834 Implementation Guide. It describes the data content, business rules, and characteristics of the 834 transaction that is created by managed care organizations for transmission to MassHealth.

1.5 Intended Audience

The intended audience for this document is MassHealth managed care providers who send enrollment information to MassHealth.

2.0 Establishing Connectivity with MassHealth

All MassHealth trading partners must sign a Trading Partner Agreement (TPA). If you have elected to have a third party perform electronic transactions on your behalf you may be requested to complete a trading partner profile (TPP) form as well. Note that TPP information may be given over the telephone or the Provider Online Service Center in lieu of completing a paper form. If you have already completed these forms, you do not have to complete them again. Please contact MassHealth Customer Service at 1-800-841-2900 (see Section 2.6 - Support Contact Information) if you have any questions about these forms.

2.1 Setup

MassHealth trading partners should submit HIPAA 834 Inbound transactions to MassHealth via the Provider Online Service Center, or system-to-system using our Healthcare Transaction Service (HTS) process. Trading partners must contact MassHealth Customer Service at 1-800-841-2900 with questions about these options and to obtain a copy of the HTS guide.

After establishing a transmission method, each trading partner must successfully complete testing. Information on this phase is provided in the next section of this companion guide (see Section 2.2 - Trading Partner Testing). After successful completion of testing, 834 (Inbound) transactions may be submitted for production processing.

2.2 Trading Partner Testing

Before submitting production 834 transactions to MassHealth, each trading partner must be tested. All trading partners who plan to submit 834 transactions must contact MassHealth Customer Service at 1-800-841-2900 (see Section 2.5 Support Contact Information) in advance to discuss the testing process, criteria, and schedule. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

2.3 General Information for Member Name

The member name segment accepts and returns 30 characters as required in the Implementation Guide. However, If a value is submitted on a transaction that is greater than what is stored in the NewMMIS member database, on the return transaction the following would occur:(a) if a match is found on the database, the value stored on the database table is returned; (c) if no match is found on the database, the value stored on the original incoming transaction will be returned.

Example

A provider submits an eligibility verification check (270) with a name that is 22 characters long, but the database currently stores only 20 of those characters. On the return transaction (271), the provider will receive only the first 20 characters of the name submitted, if a match is found on the database. If for some reason, the member name submitted is not a MassHealth member, and is not stored on the database (no match found), on the return transaction (271) the name would be returned exactly as it was originally submitted.

2.4 Technical Requirements

The current maximum file size for any 834 file submitted to MassHealth is 16. If you are uploading multiple 834 files using the Provider Online Service Center, the maximum is 16 megabytes per upload. You can also submit your claims in a compressed zip file that contains no more than 99 claim files. If you have questions, contact MassHealth Customer Service at 1-800-841-2900 (see Section 2.6 - Support Contact Information).

MassHealth endorses the ASC recommendation that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5,000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA.

The following conditions must be addressed in one or more test files.

- The inbound 834should be named as follows:
  hipaa834.daily.999999999A.CCYYMMDD.HHMM.FILE - 999999999A is the 9-digit provider number and 1-digit alpha character service location; CCYYMMDD represents the date the file was created; HHMM represents the time the file was created, in hours and minutes.
- The inbound 834 should be created each weekday, Monday through Friday, by the MCO Behavioral Health, SCO, and PACE trading partners.
- 834 transactions adhere to the ASC X12N 834 (004010X095A1) format. The file is fixed-length ASCII and contains no real numbers.
- One 834 transaction has been created for each member. There are no dependents in any case.
- Many optional fields contain no data. These fields are populated with spaces or zeros.
- All code values are in compliance with the HIPAA-compliant code sets unless otherwise stated in field-specific notes below. Local codes may be used where HIPAA code sets are unavailable.

2.5 Acknowledgements

Confirmation numbers are generated for all 834 transaction files uploaded to the Provider Online Service Center, indicating a successful file upload. 997 functional acknowledgements are generated for all 834 files submitted to MassHealth. These acknowledgements will be available for download from the Provider Online Service Center.

MassHealth uses the tilde (~) segment terminator on all outbound HIPAA-compliant transactions. HIPAA-compliant outbound transactions from MassHealth include the 835 electronic remittance advice transactions, 997 acknowledgements, and the 820 transactions.

2.6 Support Contact Information

For questions regarding any issues in this companion guide, providers may contact MassHealth Customer Service by mail, phone, fax, or e-mail.

MassHealth Customer Service
P.O. Box 9118
Hingham, MA 02043
E-mail: hipaasupport@mahealth.net
Phone: 1-800-841-2900
Fax: 617-988-8971

3.0   Detail Data

MassHealth recommends that special attention be paid to the following segments as they have already generated questions.

Loop	Segment		Element Name	Companion Information	
----	ISA	05	Interchange Sender ID Qualifier	**Code**	**Definition**
				"ZZ"	Mutually defined
----	ISA	06	Interchange Sender ID	Your nine-digit MassHealth provider number and one-digit alpha character service location code	
----	ISA	07	Interchange ID Qualifier	**Code**	**Definition**
				"ZZ"	Mutually defined
----	ISA	08	Interchange Receiver ID	"DMA7384"	
----	GS	02	Application Sender's Code	Your nine-digit MassHealth provider number and one-digit alpha character service location code	
----	GS	03	Application Receiver's Code	"DMA7384"	
----	BGN	01	Transaction Purpose Code	**Code**	**Definition**
				00	Original
				15	Resubmission
				22	Information copy
----	BGN	08	Action Code	**Code**	**Definition**
				2	Daily processing
----	DTP	03	File Effective Date	Current date	
2000	INS	01	Insured Indicator	Y – Yes. INS segments 01, 02, 03, 05, and 12 are situational. If INS12 is sent to report member, DOD 01, 02, 03, and 05 are required.	
2000	INS	02	Individual Relationship Indicator	18 - Self	
2000	INS	03	Maintenance Type Code	**Code**	**Definition**
				001	Change to existing record
2000	INS	05	Benefit Status Code	A - Active	
2000	INS	12	Date Time Period	Member's date of death	

Loop	Segment		Element Name	Companion Information	
2000	REF	01	Reference Identification Qualifier	**Code**	**Definition**
				0F	Subscriber number
2000	REF	02	Reference Identification	**Code**	**Definition**
				0F	Member's Medicaid ID number
				1L	Member's Medicaid ID number
2100A	NM1	03	Name Last	Member's last name	
2100A	MN1	04	Name First	Member's first name	
2100A	NM1	05	Name Middle	Member's middle initial	
2100A	PER	04	Communication Number	Member's telephone number	
2100A	N3	01	Address Information	Member's address line 1	
2100A	N3	02	Address Information	Member's address line 2	
2100A	N4	01	City Name	Member's city	
2100A	N4	02	State Code	Member's state	
2100A	N4	03	Zip Code	Member's zip code	
200A	N4	05	Location Qualifier	**Code**	**Definition**
				CY	County
2100A	N4	06	Location Identifier	Member's two-character county code**	
2100A	DMG	02	Date Time Period	Member's date of birth (DOB)	
2100A	DMG	03	Gender Code	Member's gender	
2100A	DMG	05	Race Code	Member's race	
2300	HD	01	Maintenance Type Code	**Code**	**Definition**
				001	Change
				002	Deletion
				021	Addition
				024	Cancellation or termination
				025	Reinstatement
				030	Audit or comparison (for reconciliation files only)
2300	DTP	01	Date Time Qualifier	**Code**	**Definition**

Loop	Segment		Element Name	Companion Information
				348 Benefits begin
				349 Benefits end
2300	DTP	03	Coverage Date	Each member will have two segments that make up a coverage month.
2310	NM1	02	Entity Type Qualifier This section (loop 2310) may be repeated 2 times, once for a person entity and once for a group entity. The assignment can have none, 1, or both.	**Code** **Definition** 1 Person (PCP) 2 Non-person entity (group provider)
2310	NM1	03	Name Last	Last name of member's PCP within the MCO
2310	NM1	04	Name First	First name of member's PCP within the MCO
2310	NM1	05	Name Middle	Middle name of member's PCP within the MCO
2310	NM1	08	Identification Code Qualifier	**Code** **Definition** 34 Social security number Federal tax ID FI National provider ID XX (Only NPI will be mapped; SSN or FEIN will be disregarded.)
2310	NM1	09	Identification Code	Identification number of the member's PCP
2320	COB	02	Reference Identification	TPL policy number
2320	REF	01	Reference ID Qualifier	**Code** **Definition** 6P Group number
2320	REF	02	Reference Identification	Group number If group number is not known, REF01 and REF02 should not be sent.
2320	N1	01	Entity Identifier Code	**Code** **Definition** IN Insurer
2320	N1	02	Name	TPL carrier name

Loop	Segment		Element Name	Companion Information	
2320	N1	04	ID Code	TPL Carrier Code	
2320	DTP	01	Date Time Qualifier	**Code**	**Definition**
				344	COB begin
				345	COB end
2320	DTP	03	Date Time Period	Begin date and end date. If end date is not known, only begin date is required.	

4.0   Version Table

Version	Date	Section/Pages	Description
1.01	11/13/03		Document created
2.0	09/01/04	Section 2.0, Headers/Footers	Production version issued
2.1	06/22/05	Contact information updated	Production version issued
2.2	08/01/05	Sections 2.0, 2.1, 3.0 and Appendix A updated to reflect Secure File Delivery Application (SFDA) and contact information.	Production version issued
2.3	02/02/06	Section 1.0 was slightly reworded. Updates made to Section 2.0 to reflect customer web portal delivery and contract information. Update made to Section 3.0 to add Loop 2320 and coordination of benefits. The links in Appendix A, under Centers for Medicare and Medicaid Services (CMS), have been updated.	Production version issued
3.0	03/08	Entire Document	Significant revisions throughout guide to reflect NewMMIS requirements
4.0	06/08	Entire Document	Additional revisions throughout guide to reflect NewMMIS requirements, based on feedback from Version 3.0

** Loop 2100A, N406, County Codes:

County Code	County Name
00	Cnty Unknown
01	Barnstable
02	Berkshire
03	Bristol
04	Dukes
05	Essex
06	Franklin
07	Hampden

County Code	County Name
08	Hampshire

09	Middlesex
10	Nantucket
11	Norfolk
12	Plymouth
13	Suffolk
14	Worcester

Appendix A: Links to Online HIPAA Resources

The following is a list of online resources that may be helpful.

Accredited Standards Committee (ASC X12)

- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org

American Hospital Association Central Office on ICD-9-CM (AHA)

- This site is a resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS. www.ahacentraloffice.org

American Medical Association (AMA)

- This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org

Association for Electronic Health-care Transactions (AFEHCT)

- AFEHCT is a health-care association dedicated to promoting the interchange of electronic health-care information. www.afehct.org

Centers for Medicare and Medicaid Services (CMS)

- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Healthcare Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/default.asp?fromhcfadotgov=true.

- This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). www.cms.hhs.gov/MedHCPCSGenInfo/

Designated Standard Maintenance Organizations (DSMO)

- This site is a resource for information about the standard setting organizations, and transaction change request system. www.hipaa-dsmo.org

Health Level Seven (HL7)

- HL7 is one of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards. www.hl7.org

MassHealth

- This site assists providers with HIPAA, MassHealth billing and policy questions, as well as provider enrollment. www.mass.gov/masshealth.

National Council of Prescription Drug Programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. www.ncpdp.org

National Uniform Billing Committee (NUBC)

- NUBC is affiliated with the American Hospital Association, and develops standards for institutional claims. www.nubc.org

National Uniform Claim Committee (NUCC)

- NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org

Office for Civil Rights (OCR)

- OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa/

United States Department of Health and Human Services (DHHS)

- This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. www.aspe.hhs.gov/admnsimp/

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets. www.wpc-edi.com/HIPAA

Workgroup for Electronic Data Interchange (WEDI)

- WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org